

DELAWARE TECHNICAL & COMMUNITY COLLEGE

**APPLICATION TO DONATE LEAVE  
TO THE CATASTROPHIC LEAVE BANK**

***PART I – To be completed by donor employee***

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Donor's Name \_\_\_\_\_ Employee ID: \_\_\_\_\_

Campus Location \_\_\_\_\_ Work Phone No. \_\_\_\_\_

I hereby donate \_\_\_\_\_ hours of sick leave to the Collegewide Catastrophic Leave Bank. I understand that I must donate 15 hours of sick leave for each 7.5 hours to be placed in the Bank. I understand that my sick leave balance will be reduced by the amount of the donation indicated above. I further certify that this donation is being given voluntarily.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

*Upon completion, please forward to the Campus Human Resources Office.*

***PART II – To be completed by the Campus Human Resources Office***

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I hereby certify the employee listed above meets the criteria for donating leave as outlined in the Catastrophic Leave Bank Guidelines.

The donor's sick leave balance will be reduced by \_\_\_\_\_ hours as of the month ending \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Human Resource's Representative Signature

\_\_\_\_\_  
Date

*Upon completion, please forward to the Assistant Vice President for Human Resources, Office of the President*

***PART III – To be completed by the Assistant Vice President for Human Resources***

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Date hours added to bank: \_\_\_\_\_ Number of hours added: \_\_\_\_\_